

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000092372 (9)

1. Corporation Name

TAX TIME, INC.

Principal Place of Business

8035 SW 19TH ST.  
MIAMI FL 33155

Mailing Address

P.O. BOX 01-1388  
MIAMI FL 33101-1388



2. Principal Place of Business		2a. Mailing Address	
21 1250 NW 7 ST.	26 P.O. BOX 01-6183		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 # 206	27		
City & State MIAMI, FL		City & State MIAMI, FL	
23	28		
Zip 33125	Country USA	Zip 33101-6183	Country USA
24	29	30	

3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report N/A
4. FEI Number 65-0660619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ZITZ, DENISE A  
8035 SW 19TH ST.  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	ANA A. RIGAU		
82 Street Address (P.O. Box Number is Not Acceptable)	1250 NW 7 ST #206		
83			
84 City	MIAMI	FL	85 Zip Code 33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, or both, if applicable

ANA A. RIGAU, Pres.

(NOTE: Registered Agent signature required when transferring)

4/30/96

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PRES/VP/SEC/TREAS/DIR <input checked="" type="checkbox"/> DELETE
NAME	DENISE A. ZITZ
STREET ADDRESS	8035 SW 19 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRES, VP, SEC, TREAS, DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANA A. RIGAU
1.3 STREET ADDRESS	1250 NW 7 ST. #206
1.4 CITY-ST-ZIP	MIAMI, FL 33125
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

DATE

305-633-5050

Daytime Phone #

CR2E034 (12/95)